Oral Exams Without Standards: A Case Study of Assessment Bias Against International Medical Students in Central Europe

Author: Siddhartha Harsh Wardhan

Affiliation: Faculty of Medicine, Semmelweis University (Budapest)

Email: swardhan1@icloud.com

ORCID iD: **0009-0005-4228-1124**

Abstract

Oral examinations continue to be a distinctive element of medical education at numerous Central European universities. Unlike written or computer-based evaluations, oral assessments are heavily reliant on examiner discretion, subjective questioning, and the quality of available instructional materials. This paper investigates how the design and implementation of oral examinations contribute to disparities between local and international students, with the latter bearing a disproportionate academic risk.

Based on primary case study evidence and corroborated peer testimony, the analysis identifies three interconnected issues: (1) inconsistent questioning procedures applied to Hungarian nationals versus international students, (2) the lack of standardized rubrics or documented grading criteria, and (3) substandard quality of examination materials, including inadequately preserved anatomical specimens. Collectively, these factors engender a system wherein assessment outcomes cannot be reliably verified against transparent benchmarks, thereby rendering international students especially susceptible to academic exclusion.

The findings substantiate longstanding criticisms of oral examinations as unreliable indicators of competence. More crucially, they expose how systemic bias and procedural opacity undermine the foundational principles of fairness, accountability, and equal educational opportunity. The paper concludes with proposed reforms, such as the implementation of standardized rubrics, recording of oral examinations, and external oversight of assessment procedures.

Introduction

Assessment is the backbone of professional education, particularly in medicine, where examinations determine progression, licensure, and ultimately the ability to practice. Yet not all assessment systems are created equal. While much of the global academic community has moved toward written and computer-based examinations with clear rubrics, some institutions in Central Europe continue to rely on oral examinations as the cornerstone of their evaluation process.

On paper, oral examinations promise depth, flexibility, and immediate feedback. In practice, however, they are vulnerable to subjectivity and inconsistency. The lack of standardized criteria allows examiners to vary their questioning based on personal judgment, implicit bias, or even institutional pressures. For students, this creates a high-stakes environment where outcomes often depend less on knowledge mastery than on navigating the examiner's expectations.

This paper presents a case study of oral examinations at a Central European medical faculty, with particular attention to their impact on international students. Evidence gathered from firsthand examination experiences, peer testimonies shared on social media, and the inspection of exam materials reveals troubling patterns. International students report being asked disproportionately difficult or tangential questions, while local students receive more predictable or lenient treatment. Compounding this disparity is the poor quality of exam materials—specimens in advanced decay, incomplete anatomical preparations, and improvised questions not listed in official syllabi.

The result is an assessment environment lacking in transparency and standardization. Without written rubrics or recorded proceedings, there is no reliable mechanism to compare performances, verify outcomes, or appeal perceived injustice. The implications are profound: international students, already investing higher tuition fees, face systemic academic disadvantages

that extend beyond individual cases and point toward structural inequities.

This case study situates these findings within the broader literature on oral examination reliability, assessment fairness, and higher education policy in the European Union. By framing the analysis in terms of educational rights and procedural integrity, the paper argues that reform is necessary not only to protect individual students but also to preserve the credibility of institutions within the global academic community.

Findings

1. Disparity of Questioning

Reports from international students, supported by direct case evidence, suggest significant differences, such as the questions posed to Hungarian nationals compared with their foreign peers. International examinees frequently describe being asked questions that were broader in scope, highly specific or obscure, or tangential to the exam syllabus. By contrast, Hungarian students often received questions aligned with core topics or were given opportunities to recover through examiner prompts. This disparity suggests a systemic pattern of disadvantage for international students.

Absence of Standardized Metrics

No evidence exists of a transparent grading rubric for oral examinations at the case institution. Examiners determined difficulty, length, and grades at their sole discretion. Unlike written exams, oral assessments left no verifiable record for comparison. This absence created inconsistency between students, non-reproducibility of results, and a complete lack of appeal mechanisms.

3. Quality of Exam Materials

The condition of exam materials further compounds inequities. Documented cases describe poorly preserved specimens, incomplete preparations, and improvised substitutes such as hand-drawn diagrams. These factors prevent fair evaluation and place students in no-win scenarios when asked to identify structures that were absent or poorly visible.

4. Impact on International Students

Administrative data support the claim that international students face higher academic attrition in Hungarian medical programs. Pusztai et al. (2022), in a longitudinal analysis of medical cohorts, found that self-financing internationals were significantly more likely to drop out compared to local peers. This pattern mirrors the case study evidence of oral exam disparity.

Psychologically, oral exams exacerbate student anxiety. Social-evaluative situations such as oral vivas reliably trigger stress responses independent of ability (Dickerson & Kemeny, 2004). Medical student studies confirm that viva anxiety correlates poorly with knowledge, meaning the format adds noise without adding signal (Arndt et al., 1986). Publicly announced grades further amplify humiliation and raise questions of GDPR compliance regarding student data.

Together, these dynamics create the perception—and likely the reality—that international students are systematically disadvantaged, weeded out, and humiliated in the process.

Discussion

The Hungarian case is consistent with broader research showing that oral examinations, when unstructured, lack both reliability and fairness. Examiner discretion introduces bias (Pernar et al., 2020), while the absence of rubrics or recordings renders outcomes unverifiable. Meta-analyses confirm that structured viva formats significantly improve validity, reliability, and student acceptability (Abuzied, 2023; Ahsan et al., 2022).

The systemic bias toward international students documented here aligns with the attrition patterns found in administrative data (Pusztai et al., 2022). Economically, this constitutes exploitation: institutions extract higher tuition fees while simultaneously employing opaque assessment systems that heighten the risk of failure and dropout.

The psychological harm of oral exams is well-documented. Social-evaluative threat elevates cortisol levels and impairs performance independent of competence (Dickerson & Kemeny, 2004). The practice of public grade announcements compounds this harm and contradicts EU data protection standards. This raises not only pedagogical but also legal concerns about current practices in Hungarian medical education.

The ethical implications are profound. Oral exams, administered under such conditions, fail to uphold the principles of fairness, transparency, and accountability central to the European Higher Education Area. They also threaten institutional credibility globally, as international students share experiences publicly and accrediting bodies increasingly monitor compliance.

Reform is both possible and overdue. Structured viva formats, recorded sessions, confidential grade communication, and programmatic assessment approaches are well-established alternatives (Van der Vleuten, 1996). These measures would mitigate inequities, protect student rights, and safeguard institutional legitimacy.

Conclusion

Unstructured oral examinations in Hungarian medical education are not simply outdated; they are actively harmful. They disadvantage international students through opaque questioning, absent rubrics, and poor materials, while inflicting unnecessary psychological stress and exposing institutions to legal risk. Administrative data confirm that internationals face higher attrition, underscoring the systemic impact of these practices (Pusztai et al., 2022).

This is not a matter of tradition versus innovation. It is a matter of rights, ethics, and compliance with European standards. By persisting with unstructured oral exams, institutions undermine both their own credibility and the trust of the students who finance their programs. Reform is urgent and achievable, requiring only the adoption of established best practices: structured viva, recorded assessments, confidential grading, and programmatic sampling.

Unless such changes are implemented, oral exams will remain less an assessment of knowledge than a mechanism of exclusion—one that erodes the legitimacy of European medical education and risks its global standing.

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